



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Architects
124 Halsey Street, 3rd Floor, P.O. Box 45001
Newark, New Jersey 07101
(973) 504-6385



Eligibility for Taking the Architect Registration Examination (A.R.E.)

Dear Applicant:

Please be advised that the prerequisites to take the Architect Registration Examination (A.R.E.) in the State of New Jersey are as follows:

1. Education Requirements

The applicant must hold a Bachelor's or Master's degree in Architecture from a school accredited by the National Architectural Accrediting Board (NAAB).

2. Experience Requirements

The applicant has to present evidence of successful completion of at least three years in the Intern Development Program (IDP) administered by the National Council of Architectural Registration Boards (NCARB). The three (3) years of experience cannot be attained in less than thirty-six (36) calendar months.

National Council of Architectural Registration Boards
1801 K Street, NW Suite 700-K
Washington, DC 20077-2775
Telephone: 202-783-6500
Fax: 202-783-0290
www.ncarb.org

All foreign architectural degree and non-NAAB accredited degree holders, prior to filing their examination application form, are advised to contact the EESA-NAAB program section at 202-638-3372 or visit the website at www.eesa-naab.org.

The National Architectural Accrediting Boards, Inc.
1735 New York Avenue, NW
Washington, DC 20006
Telephone: 202-638-3372
Fax: 202-783-2822
E-mail: info@naab.org
www.eesa-naab.org

This evaluation must attest that the foreign degree is at least the equivalent of a Bachelor of Architecture degree in the United States, to be considered acceptable by the Board. The evaluation must be mailed directly from the NAAB to the National Council of Architectural Boards, 1801 K Street, Suite 700-K, Washington, DC 20077-2775, at the request of the applicant. This evaluation could take up to six (6) months to process.

The applicant must contact the NCARB-IDP Program Coordinator at 202-879-0520 after the completion of three (3) years towards his/her professional degree to start an IDP file. When the applicant has completed the IDP requirements (three (3) calendar years of IDP experience), NCARB will transmit to the Board a bound "Green Cover" Counsel Record booklet which is a compilation of his/her records.

If you meet our education and training requirements, please complete the enclosed application and return it along with a check in the amount of \$50.00 made payable to the New Jersey State Board of Architects.

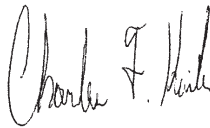
All Board-approved applicants shall be notified in writing, upon their acceptance to take the Architect Registration Exam. Please take note of the following precautionary measures:

- If you have an active application file pending in another state or jurisdiction, you must close it by written notification prior to establishing an application with the State of New Jersey.
- It is the applicant's responsibility to notify this Board, in writing, within thirty (30) days of any change in name or address.
- When the applicant fails to respond, in writing, within a one-year period to correspondence sent out by this office, the file becomes obsolete and invalidated.

If you have any further questions, please call 973-504-6385.

Very truly yours,

NEW JERSEY STATE BOARD OF ARCHITECTS

A handwritten signature in black ink, appearing to read "Charles F. Kirk". The signature is written in a cursive, flowing style.

Charles Kirk
Acting Executive Director

Enclosure: Application

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photograph is required with each application.

Do not use staples to attach the photograph.



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Architects
124 Halsey Street, 3rd Floor, P.O. Box 45001
Newark, New Jersey 07101
(973) 504-6385

FOR OFFICE USE ONLY

Application number:

Application for Registration as an Architect

Date: _____

A nonrefundable Architect Registration Examination application filing fee of \$50 in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.) If you are registered as a licensed architect in another state or jurisdiction, and you are now seeking **licensure by credentials in New Jersey, you must submit with this application a nonrefundable application filing fee of \$75.**

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. You are, however, required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

If you were issued a Social Security Number or an Individual Taxpayer Identification Number, you must provide it to the Board or Committee. Failure to do so may result in denial of licensure/certification/reinstatement/reactivation.

* Social Security Number: _____ - _____ - _____

* Individual Taxpayer Identification Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain this information. Pursuant to these authorities, the Board or Committee is also obligated to provide this information to:

(For healthcare-related boards, the following a, b and c entries apply. For boards not related to healthcare, only the a and b entries apply.)

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child-support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are an American citizen, please enclose a copy of your birth certificate or U.S. passport. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support (**You must answer a, b, c and d.**)

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a through d may result in denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
8. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

9. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. _____

	Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Have you ever been named as a defendant in any litigation related to the practice of architecture or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of architecture or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 7 through 16, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

I hereby apply for registration and licensure to practice architecture by the following method:

- ☐ Written Licensing Examination
- ☐ Licensure by credentials: N.C.A.R.B. Certificate No. _____ State or jurisdiction _____ Registration No. _____
- ☐ Licensure by credentials: N.C.A.R.B. Record File No. _____ State or jurisdiction _____ Registration No. _____
- ☐ Licensure by credentials: Directly through original jurisdiction State or jurisdiction _____ Registration No. _____

- If you have previously applied to another state or jurisdiction for examination or licensure, and have not completed the process for any reason, identify the state or jurisdiction: _____ Application date: _____.
- If your application was rejected, please attach an explanation to this application.

Secondary School

Colleges, Universities, Technical Schools

Travel, Continuing Education, Research, Publications:

B. Professional Organization Service

[illegible]

C. Practical Experience

Provide the employer's full name and the firm's complete and current address. Identify the business or profession. Name your immediate supervisor and provide his or her title and license number. Begin with your most recent experience, including military and other occupations.**	Dates of employment	Total time employed		Check Appropriate Experiences											
	Month and Year	*Part Time	Full Time	Programming Research	Schematic Design	Design Development	Contract Drawings	Specifications and Cost Estimating	Contract Administration	Office Administration	Structural Design	Mech/Elec. Design	Interior, Landscape and Urban Planning	Teaching in Arch. School	Other Experiences
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												
	From	Years	Years												
	To	Months	Months												

* If part-time work is noted, indicate the average number of hours worked per week.

** If "other" kinds of work are noted, describe them on a separate sheet of paper.

D. Public and Community Service

E. Architect References

Name three architects who are personally acquainted with your professional abilities. Please provide a complete address for every architect listed.

Name			
Street address	City	State	ZIP code

Name			
Street address	City	State	ZIP code

Name			
Street address	City	State	ZIP code

F. Professional Status

- ☐ Individual practitioner
- ☐ General partner
- ☐ Limited partner or associate
- ☐ Corporation director
- ☐ Employee
- ☐ Professional service corporation

Firm name	Years (From - To)	
City	State	ZIP code

If you previously have been a principal in an architectural firm, complete the following:

Firm name	Years (From - To)	
City	State	ZIP code

Firm name	Years (From - To)	
City	State	ZIP code

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the New Jersey State Board of Architects for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Architects, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:3-1 et seq., together with the Rules and Regulations of the New Jersey State Board of Architects, N.J.A.C. 13:27-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

For office use only:

Qualifications:

- ☐ Education
- ☐ Experience
- ☐ Examination

Recommendations:

- ☐ Interview
- ☐ Admit Exam
- ☐ Certify

Board Action:

- ☐ Interview
- ☐ Withhold/Deny
- ☐ Certify

Date _____
Date _____
Date _____

Certificate or License No. _____

Granted _____